

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS
_____ DIVISION

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

John Henry Gibley 1055269
Plaintiff's name and ID Number

Wallace Pack Unit - TDCJ-ID
Place of Confinement

CASE NO: _____
(Clerk will assign the number)

v.

Wallace Pack Unit Clinic 2400 Wallace Pack Rd Newasco Tx 77060
Defendant's name and address

Stiles Unit Clinic 3060 FM 13514 Beaumont Tx 77705
Defendant's name and address

GI Outpatient Clinic 301 ~~Galveston~~ University Blvd, Galveston Tx 77555
Neurology Outpatient Clinic 301 University Blvd, Galveston Tx 77555
Defendant's name and address
(DO NOT USE "ET AL.")

United States Courts
Southern District of Texas
FILED

MAR 04 2019

David J. Bradley, Clerk of Court

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? _____ YES X NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:
Plaintiff(s): _____
Defendant(s): _____
 3. Court (If federal, name the district; if state, name the county) _____
 4. Docket Number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____**III. EXHAUSTION OF GRIEVANCE PROCEDURES:**Have you exhausted both steps of the grievance procedure in this institution? X YES _____ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:A. Name of address of plaintiff: John Henry Gilley 1055269 Wallace Pack Unit 2400 Wallace Pack Rd Navasota, Tx 77868B. Full name of each defendant, his official position, his place of employment, and his full mailing address.Defendant #1: EMMA Davis NP, MidLevel Practitioner, Stiles Unit Infirmary 3060 FM 3514 Beaumont Tx 77705

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Provided no effective, necessary medical care to have me walk, Covered up seriousness of illness.Defendant #2: Brendon Dunlap PA, Midlevel Practitioner, Stiles Unit Infirmary 3060 FM 3514 Beaumont Tx 77705

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Participated in coverup, provided no effective, necessary medical care to have me walk, Covered up seriousness of illness.Defendant #3: Ms Granger, LVN, Stiles Unit Infirmary 3060 FM 3514 Beaumont Tx 77705

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Falsified Med Records. Denied All Healthcare for incident on Jan 31, 2018.Defendant #4: Bellanger, Director of Nursing @ Stiles Unit Infirmary 3060 FM 3514 Beaumont Tx 77705

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Never gave access to informal grievance resolution, participated in deliberate indifferenceDefendant #5: NDI Chukwumerije NP, Midlevel Practitioner, Wallace Pack Unit 2400 Wallace Pack Rd, Navasota Texas 77868

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Refused to treat for flat worms, told me to wait to see Telehealth in Mar. Denied effective necessary health care, and even prescribed medication that hurt me in past.

Defendant #6 : Tara D. Lindsay NP, Mid Level Practitioner, Wallace Pack Unit Infirmary
2400 Wallace Pack Rd Uvacosta TX 77660

Provide no effective healthcare, refused to question what they was doing. Did not schedule any test for Flatworms. No physical exam, no treatment. Did nothing effective to diagnosis or treat wheelchair placement.

Defendant #7 : Dr. Fausto Avila, MD address unknown since departure.

Refused to treat for wheelchair placement or associated problems.

Defendant #8 : Ahmed Ali Shawagfeh MD, Associate Professor of Neurology
301 University Blvd. Galveston Texas 77555

Refusal to treat through diagnostic procedures, False notes, Not present on 1/2/18 eval. Request Telehealth video to substantiate 1/11/19 notes. Notes on 1/11/19 False. I never showed or refused

Defendant #9 : Krishna Suthar, MD Resident of Neurology 301 University Blvd Galveston Texas
77555

Participated in deliberate indifference 1/2/18 False notes, no diagnostics, refuse to diagnose, only treat symptoms.

Defendant #10 : Tessa Cherian, MD, Resident of Neurology 301 University Blvd Galveston
Texas 77555

Participated in 1/2/18 eval, prescribed meds, through her participation and agreement, deliberate indifference to my wheelchair placement with no diagnostics, stating that only symptoms would be treated.

Defendant #11 : Hunaid Hasan, MD, Resident of Neurology 301 University Blvd Galveston
Texas 77555

Seen 4-12-18, request Telehealth video, notes are false, ~~no~~ deliberate indifference through false notes, no diagnostics, left in wheelchair.

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Defendant #12 Sreeram Parupudi MD (Surgical) 301 On Page 2 of 8
Galveston Tx 77555

Performed 3 colonoscopies. Through is poor medical practice, and never discussing with me these flat worms, I'm now infested.
They crawl all over my body.

~~Defendant #13 Ha~~

Defendant #13 Midkiff RN, Stiles Unit Infirmary 3060 FM 3514
Beaumont Tx 77705

Falsifying medical Records, denying timely healthcare
Attempting to harm me through healthcare denial

Defendant #14 Carol Nichols RN Stiles Unit Infirmary
3060 FM 3514 Beaumont Tx 77705

Falsifying medical records, denying timely healthcare
Attempting to harm me through healthcare denial

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

- ① The Wallace Pack Unit Infirmary has left me UNTREATED for a Flat Worm Infestation.
- ② All defendant's have refused to provide the necessary medical care to have me walking, or state why I can't. There are many issues that are a part of this claim, the falsifying medical records, the refusal to provide continuity of care, the lies, improper/unsafe transport, violation of Patient Rights, et al., refusal to comply with own policies over a lengthy period of time paints a complete picture of deliberate indifference, ~~state~~ especially since no effort has been made to substantiate a diagnosis or effectively treat.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

Grant TRO, ~~Grant Plaintiff to Enforce~~, Grant Preliminary & Permanent Injunction, Treat Flatworms and Why I'm in wheelchair and award nominal damages, compensatory & punitive damages to be decided after diagnostics.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

John Henry Gilley

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

1055269

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ____ YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): _____
2. Case Number: _____
3. Approximate date sanctions were imposed: _____
4. Have the sanctions been lifted or otherwise satisfied? ____ YES ____ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? ____ YES ☒ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning were imposed: _____

Executed on: 25 Feb 2019
(Date)

John Henry Gilley
(Printed Name)
[Signature]
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

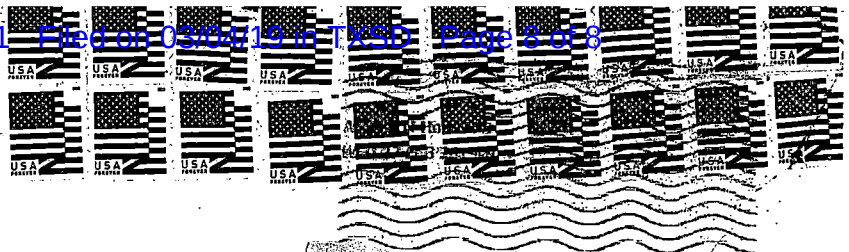
1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire **\$350** filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 25 day of February, 20 19.
(Day) (Month) (Year)

John Henry Gilley
(Printed Name)
[Signature]
(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.

Wallace Park Univ
2400 Wallace Park Rd
Navasota Tx 77868
postaged 25 Feb 2019



United States Courts
Southern District of Texas
FILED

MAR 04 2019

David J. Bradley, Clerk of Court

In The United States
Southern District Court

P.O. Box 61010
Houston Texas 77208

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